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Movement Inspires Reductions in Body Image Problems for
Women Undergoing Breast Cancer Treatments
Panel Five: Health, Bodies and Identity

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Dance/movement therapy and creative processes inspired body image changes for women with breast cancer because arts modalities optimize health and wellness (Evan, 2007; Hanna, 2006). Acts of creativity can reduce the suffering of patients in hospitals, improve their communication and self-expression, and lead to greater functioning (Evan, 2007). Creativity in this sense is not limited to people with special talent or defined by an external standard. Instead, creativity is inclusive and personal, and can be developed (Evan, 2007). Creativity is a problem solving endeavor with overlapping stages or moments involving inspiration, insight, execution, and evaluation. In medical settings, the arts and creativity serve the purpose of facilitating health-promoting action.

Dance/movement therapist take dance out of performance as a rarified activity and develop new ways of using movement to tap into the power of creativity and healing. Because every person, "however reserved or quiet, whether at rest or in overt movement, is always engaged in motility. This motility, in the metaphor, 'dancing' is really a direct means of expression (Bernstein, 1975). In our lives, psychological and somatic constructs are truly identical, and one necessarily implies the other. It is the 'point of entry', which differentiates

them. So, modifying any one of these elements, psyche or soma, by necessity, leads to changes in the other (Cohen & Walco, 1999).

I conducted a mixed-methods research project in a cancer treatment center in Western Washington to learn more about how creativity and movement enhances body image wellness. I converted an office in the radiation oncology clinic to a dance/movement studio by removing the furniture, except for a computer and a small table. I also had on hand an array of percussion instruments, which I used during the treatment. In my study, six women participated in dance/movement therapy and completed body-image measures treatment and eight women in the control group just completed the body image measures.

Each woman in the experimental group received five, private dance/movement therapy treatments with me, within a span of two weeks. The intervention included three parts, a warm-up, then an energetic part, and then a time to cool down and reflect. Every session each women picked what instrument she wanted me to play during the energetic part. I had various drums, an mbira-or thumb piano, and various bells and shakers. I designed a dance/movement therapy manual, so I could lead the treatment in the same way each time, and standardize the intervention as much as possible. Each woman used this three-part structure as the basis from which to improvise differently in every session. Everyone was encouraged to move safely and comfortably, while either standing or sitting. The three-part manualized intervention provided a routine that we all followed. After the warm ups, I played along, attuning to each mover, and following their lead. But, if women stopped or looked lost I made suggestions and provide movement ideas.

I included this dyadic rhythmic component for a few reasons. Since I believe that body image, to a considerable degree, is molded by our interactions with others, I needed to clarify my

part as a participant-observer (Schilder, 1950). I wanted to kindle the relational dynamics necessary in body image processes without meddling, and playing an instrument just felt right. It created a feeling of solidarity between us (Chaiklin & Schmais, 1979). In addition, rhythm is a form of nonverbal communication; a show and tell way to make inside feelings - visible. By being there and showing my support, I hoped to increase the power of the intervention and also prevent women from dropping out of the study. Playing along rhythmically while they moved, was also a close approximation to having music to dance to at a party. Thus, I made moving alone in a room with me, seem more typical, by providing them with an accompanying rhythmic sound and beat. Though not a long time, each 20-30 minute session stimulated creativity, that was aerobically and emotionally expansive (Capello, 2009). My supportive efforts at playing, following, and attuning rhythmically, seemed to ease women's self-consciousness. In addition, hearing a beat, energized everyone to create dances while simultaneously causing a little sweat to break through the skin.

Dance/movement therapist and founder Marian Chace believed that motion changes body image and the psychic attitude because "the sensations just below the surface of the skin are the primary source of body image" (Sandel et al., 1993, p. 361). The muscles stimulate the areas under the skin, which helps a person feel warmed up and able to find where there body is (Sandel). Our body is in a space which is filled by the body. This space or zone immediately around our body is interrelated with our body image, acting as a sort of extension of the body (Sandel, Chaiklin, & Lohn, 1993).

Body image is not a structure, but a structuralization in which continual changes take place, and all these changes have relations to words, motility, and actions (Schilder, 1950). Body image sensations occur during a dual role event, "the self being at the same time subjective and

objective,” (Pallaro, 1996, p. 114) in which the body-self is the subject that experiences (Pallaro, 1996; Pylvanainen, 2003; Schilder, 1950). We each have a “kinesthetic awareness of our body as both a static and mobile structure” (Capello, 2009). Our kinesthetic sense is a “sixth sense” and describes a process by which our brain use the information regarding position and direction of motion in space received by the otoliths and semicircular canals of the ear (Capello, 2009; Feldenkrais, 1977).

In body image problems for women with breast cancer, idealization of people and bodily attributes are motivated by losses, changes and comparison. Losses can include the loss of a body part, such as one or both breasts, and the other physical and psychological changes that occur with mastectomies, radiation, chemotherapy, chemo-brain, and other procedures and side effects. After body altering treatments and surgeries, some women may rank all aspects of the human condition according to how comparatively valuable they are in contrast to their flawed body (McWilliams).

Idealization of others is normal, based on, “remnants of the need to need to impute special value and power to people on whom we depend emotionally” (McWilliams, p. 105). A primary barrier, to breaking through the worst parts of idealizations is the fact that body image is an experience based in kinesthetic sensations, physical experience, and intimate sensory-motor process (Rossi, 1993). An unquestioning worshipful conviction of certain bodily attributes over others is misleading to our kinesthetic experience. There isn’t a single core of immediate kinesthetic experience which we can accurately ‘interpret’ in terms of one conceptual system describing body image (Lakoff & Johnson, 1980). Since people have diverse conceptual systems, finding a common way to understand body image may only be as precise as the strength of affinity for our different conceptual systems.

There are quite different and largely independent dimensions represented under the rough rubric of ‘body image’ (Cash & Pruzinsky, 1990). Experiences of embodiment have been categorized into 16 or more different terms, for example, weight satisfaction, size perception accuracy, body satisfaction, appearance satisfaction, appearance evaluation, body esteem, body concern, body dysmorphia, body schema, body distortion, body image problem, body image disturbance, and body image disorder. These multiple terms have led to problems in defining, interpreting, and creating theoretical models for assessing and helping people (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999).

Fortunately, before I designed my research, a cancer-specific body image model had been developed (White, 2002) and 3 cancer specific body image measures had been designed. So I used these in my research and created my own essay questions for the qualitative methods in my study. The cancer-specific measures I used are the Body Image Scale, the Body Image and Relationships Scale, and the Serlin Kinesthetic Imaging Profile (Hopwood et al., 2001; Serlin, Unpublished manuscript, 1999; Hormes et al., 2008)

I gathered qualitative and quantitative data before the intervention, after the intervention and the two weeks later. Then I compared the two groups. The essays from the women who danced provided surprising information. One woman wrote, “I always thought that you needed to have an exercise tape or something of that nature and I did not value that fact that you could just get up from your chair and move.” She was initially apprehensive at first and not certain what doing movement would involve, and after she tried it the first time, she wrote, “I found freedom in just moving. I have more creative movement than I had thought”. She opened herself up to the concept of moving and let go of the thought of programmed exercise. She felt strength in

discovering various aspects of her body as they moved. She wrote, “I found it interesting that I see my knees as weak-yet they do quite well with this movement.”

Where there was unobstructed freedom, each woman had a way of moving that was derived from her own way of viewing the world (Sandel et al., 1993). Another women wrote, “I can feel energized all over by movement. I am glad that I continued with the study. I have the strength to accomplish anything I put my mind to.”

Several women wrote that they felt less uncomfortable over time. One wrote, “I am a bit self-conscious but I found that you were very supportive. I appreciated the instruction that helped me move through the exercise and transition beyond various stages to explore further.” She also said, “This was freeing for me physically and emotionally. I am freer to control who I am in relation to my posture and physical space. This opened up mind to various parts of my body that are reacting to the stress of treatment. Dance makes me feel so much more of my body than I had sensed before. Another wrote, “Every time I move I feel better...breathing while moving deepens the experience.”

Two weeks after dancing in the cancer center, women completed the body image scales again. Here are a few comments. ”I am working on taking responsibility for my body image. I have a different view of what I want to be. I am using my body to respond to the things I want to do in life, which is different than just sitting on the sidelines and thinking I just can't do that anymore.” Another wrote that this kind of movement is, “a good tool to use throughout my cancer treatment and beyond to get in touch with my internal rhythms. Movement is a part of my healing, and connecting more fully with my mind, body and spirit.” In writing about her body image wellness, she stated: “when I can relax and use movement I can also look beyond my

internal feelings and view this experience more broadly. I am still struggling with my body image in relation to the cancer scar and my changes in the sense of my sexuality”.

It was astonishing for me to see that women who moved alone with me, and at different times than others, elicited similar responses, images, sensations, and feelings as other women. In spite of the fact that each woman’s involvement took place independently, there were common pattern to many of their experiences. The themes of relaxation and calm appeared after several sessions, while feelings of apprehension and self-consciousness often melted away.

Overall, the changes observed for the women who danced, between the first and last session, shared some interesting similarities. After the first session, their images were more concrete, specifically referring to cancer, but by the third session, women’s imagery became more imaginative, poetic, and steeped in creative expression. At the beginning, women mainly identified how their bodies felt, but throughout the five sessions there was a shift from how they felt physically to how they felt emotionally. In addition to being drawn to other parts of their bodies and themselves as a whole, the women who danced developed an awareness to take time for themselves.

Women in the control group also benefitted, by seeing that they were not alone in their struggle. Answering the open-ended questions gave them a chance to explore their feelings with regard to their bodies and body images. Many of their responses revealed that they were not aware that they were still bothered by scars and other physical changes. They wanted to know more about themselves and the issues they might be avoiding. They also wanted to be more in tune with their body while at the same time not wholly defined by their physical appearance.

These women described the process of coming to terms with their strengths and weaknesses. For them, living for now, accepting changes, and connecting with other women,

going through the same ordeal, were positive actions. They characterized themselves as able to tolerate the discomfort of having to mourn an old life, which they liked, and accept a new life that is not what they wanted. In addition, they discovered that people treat them with compassion as they learn to accept their changed appearances. They were integrating the past into the present with an attitude of gentleness, so as not to dwell on what “has died.”

The quantitative results comparing the scores from the body image scales revealed large effect sizes, using an effect size calculation called Cohen’s *d*. An effect size is a measure of the strength of a phenomenon, in this case dance/movement therapy. Cohen’s *d* is a descriptive statistic that conveys the estimated magnitude of a relationship without making any statement about whether the apparent relationship in the data reflects a true relationship in the population. Thus, this calculation suggested that for the women who had five dance/movement therapy session, their body image changes over time, were obviously perceptible (Cohen 1988). This was confirmed by their written comments like, “I am relax more, I am freed from negative thoughts, I feel less constricted, and I experience strength in discovering my body anew”. These women experienced a range of changes—from implementing new behaviors to planning behavior changes in the future—which they attributed to their time spent in the study.

The scores on all three body image assessments showed a reduction in body image problems. Although a clinical threshold for body image problems for women with breast cancer is not yet available (Hopwood et al., 2001), the results suggested that dance/movement therapy lead to new experiences of creativity, identity, hope, motility, and optimism. The data also revealed that two weeks after their five movement sessions were over, achievements in body image wellness held and continued to improve for the women who danced.

Dance is a language-like form of communication, thus fulfilling a human need (Chaiklin & Schmais, 1979). As one patient wrote, “Dance brought back good memories. Those memories helped me feel less depressed and self-conscious. It hurts a lot to think about the breast tissue that I lost and I don't like the way I look. But, I'm coming to terms with it little by little”. Being involved in this experience "has given me a tool that I can use”.

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